# **Complete Summary**

#### **GUIDELINE TITLE**

Emergency interventional stroke therapy: a statement from the American Society of Interventional and Therapeutic Neuroradiology and the Society of Interventional Radiology.

## BIBLIOGRAPHIC SOURCE(S)

Emergency interventional stroke therapy. A statement from the American Society of Interventional and Therapeutic Neuroradiology and the Society of Interventional Radiology. J Vasc Interv Radiol 2003 Sep; 14(9 Pt 2): S385. [3 references] <a href="PubMed">PubMed</a>

#### **GUIDELINE STATUS**

This is the current release of the guideline.

## **COMPLETE SUMMARY CONTENT**

**SCOPE** 

METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
QUALIFYING STATEMENTS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY

#### SCOPE

## DISEASE/CONDITION(S)

Acute stroke

**DISCLAIMER** 

**GUI DELI NE CATEGORY** 

Counseling Treatment

CLINICAL SPECIALTY

Emergency Medicine Neurology Radiology

#### INTENDED USERS

Physicians

## GUIDELINE OBJECTIVE(S)

To make a statement regarding intraarterial thrombolytic therapy

#### TARGET POPULATION

Individuals with acute stroke

#### INTERVENTIONS AND PRACTICES CONSIDERED

- 1. Counseling patients and their families regarding the benefits and risks of intraarterial thrombolytic therapy
- 2. Intraarterial thrombolytic therapy
- 3. Appropriate training and credentialing of physicians performing emergency cerebral thrombolysis

#### MAJOR OUTCOMES CONSIDERED

Not stated

## METHODOLOGY

## METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

**Expert Consensus** 

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

**COST ANALYSIS** 

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

## **RECOMMENDATIONS**

#### MAJOR RECOMMENDATIONS

Prior to PROACT II trial results, it had been the consensus opinion of the American Society of Interventional and Therapeutic Neuroradiology (ASITN) and the Society of Interventional Radiology (SIR) that intraarterial thrombolytic therapy for acute stroke was investigational. Although the results of the trial did not lead to Food and Drug Administration (FDA) approval of a specific drug, the results of this trial are convincing evidence that intraarterial thrombolytic therapy can now be considered an acceptable and appropriate therapy for acute stroke.

The ASITN and SIR believe that use of the technique of intraarterial thrombolysis in selected patients is appropriate, while ongoing research will better define the parameters of such intervention. The magnitude of neurologic deficit, nature of the arterial occlusive lesion, and time to treatment are among the factors that should be taken into account in counseling patients and their families regarding the benefits and risks of intraarterial thrombolytic therapy.

The ASITN and SIR believe individuals performing emergency cerebral thrombolysis should be well trained and experienced in cerebral angiography, and appropriately credentialed in their hospital for doing such. These individuals should maintain records of their indications, successes, complications, and outcomes for cerebral angiography according to the published guidelines.

Whereas experience and training in interventional stroke therapy ideally are achieved in a recommended program, other individuals with formal training and experience might appropriately perform thrombolysis. We believe minimum standards for credentialing for cerebral angiography and thrombolytic intervention should reflect the principles espoused therein.

CLINICAL ALGORITHM(S)

None provided

#### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate interventional therapy in acute stroke

POTENTIAL HARMS

Risks of intraarterial thrombolytic therapy

#### QUALIFYING STATEMENTS

## QUALIFYING STATEMENTS

The clinical practice guidelines of the Society of Interventional Radiology (SIR) attempt to define practice principles that generally should assist in producing high quality patient care. These guidelines are voluntary and are not rules. A physician may deviate from these guidelines, as necessitated by the individual patient and available resources. These practice guidelines should not be deemed inclusive of

all proper methods of care or exclusive of other methods of care that are reasonably directed towards the same result. Other sources of information may be used in conjunction with these principles to produce a process leading to high quality medical care. The ultimate judgment regarding the conduct of any specific procedure or course of management must be made by the physician, who should consider all circumstances relevant to the individual clinical situation. Adherence to the SIR Quality Improvement Program will not assure a successful outcome in every situation. It is prudent to document the rationale for any deviation from the suggested practice guidelines in the department policies and procedure manual or in the patient's medical record.

## IMPLEMENTATION OF THE GUIDELINE

#### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

# INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

**IOM CARE NEED** 

**Getting Better** 

IOM DOMAIN

Effectiveness Patient-centeredness Safety

## IDENTIFYING INFORMATION AND AVAILABILITY

#### BIBLIOGRAPHIC SOURCE(S)

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**ADAPTATION** 

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Sep

GUIDELINE DEVELOPER(S)

Society of Interventional Radiology - Medical Specialty Society

SOURCE(S) OF FUNDING

Society of Interventional Radiology

**GUI DELI NE COMMITTEE** 

Standards of Practice Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

**GUIDELINE STATUS** 

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the <u>Society</u> of <u>Interventional Radiology Web site</u>.

Print copies: Available from the Society of Interventional Radiology, 10201 Lee Highway, Suite 500, Fairfax, VA 22030

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on January 18, 2005. The information was verified by the guideline developer on January 21, 2005.

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